



Local Housing Policy: Specific Populations

A Resource for Community Health Centers and Stakeholders

Specific Populations

Community Health Network of Washington (CHNW) represents 21 of the 28 Community Health Clinics (CHCs) in Washington; our clinics are trusted local partners in towns and cities throughout Washington State. Our policy and lobbying efforts are deeply entwined with the needs of the communities and people we represent, meaning we advocate for policy solutions that we are certain will have a positive impact on patients, clinics, and communities.

With housing insecurity and homelessness as one of the most significant social determinants of health (SDOH) affecting people across the state, we recognize the need to support upstream policy changes to promote the availability of affordable housing across the state and support keeping Washington residents housed. Housing has been a key priority for Community Health Plan of Washington's (CHPW's) state legislative advocacy, and we recognize that much of housing policy is grounded in local communities around Washington. To promote and support this work, we have created a series of policy papers to educate, share resources, and promote housing policy advocacy at the local level:

- 1. Introduction
- 2. Definitions, legislative tracking tools, and additional resources
- 3. Specific Populations
- 4. Zoning laws, tenant protections, and criminalization of homelessness
- 5. Affordable housing sales taxes, document recording fees, and levies
- 6. Community engagement, comprehensive plans, and local CHC advice/best practices

Specific Populations

This section provides an overview of various populations that historically have been and currently are disproportionately and uniquely impacted by the housing crisis in Washington State. Within this policy paper are potential resources that may be available to support change at the local and state level. The goal of this section is to provide additional resources and information but also to highlight the complex intersecting identities of people experiencing homelessness and housing insecurity in our state. While many significant populations are mentioned here – it is important to highlight that the list is non exhaustive. Populations disproportionately impacted by specific policies may be mentioned in other policy papers as well, if not discussed in this section, including Black and African American populations



Guiding Questions to Consider

- 1. Are there any particular populations your health center is focused on supporting?
- Where do you see disparities in access to safe, sufficient, and affordable housing among your community groups?
- Consider how housing access may compound already existing disparities for these populations and potential ways to address the disparities

who are uniquely impacted by historical redlining practices and zoning laws. The Covenant Homeownership Program, created by the Legislature in 2023 and effective in 2024, provides resources and funding to assist groups who have been historically excluded from homeownership opportunities.



Tribal Members

In Seattle, American Indian and Alaska Native people make up 1% of King County's overall population, but up to 15% of the homeless population and 32% of the chronically homeless population¹. According to the National Low Income Housing Coalition, "Native Americans in Tribal areas have some of the worst housing needs in the United States. They face high poverty rates and low incomes, overcrowding, lack of plumbing and heat, and unique development issues." Despite the growing demand for safe and affordable housing in people's communities, investments in affordable housing on Tribal lands have been chronically underfunded at both the federal and state levels.

The Section 184 Indian Home Loan Guarantee Program² is a federal home mortgage product specifically designed for American Indian and Alaska Native families, Alaska villages, Tribes, or Tribal-designated housing entities. Congress established this program in 1992 to facilitate homeownership and increase access to capital in Native American communities. This program allows financing borrowers to purchase a home with a <u>low down payment and flexible underwriting</u>. Section 184 loans can be used, both on and off Native lands, for a new construction or rehabilitation or the purchase or refinancing of an existing home.

Find a list of the 29 federally recognized Tribes in the state of Washington <u>here</u>. For support in referring to resources including housing, see the Native Resource Hub <u>here</u>.

Youth and Foster Care Youth

In 2021, Washington saw a foster care entry rate of 2.3 children per 1,000, which was a reduction from the 2017 rate of 3.6 children per 1,000³. A point-in-time snapshot from September 30, 2021, saw nearly 9,000 youth in Washington involved in foster care. According to a March 2024 report by the Department of Social and Health Services⁴, 5% of youth and young adults in Washington who were exiting foster care were homeless within three months of their discharge and 15% were homeless within a year; in 2017, 23% of youth and young adults exiting foster care were homeless within a year. Youth who were homeless or unstably housed, frequently changed schools, or had two or more foster care placements were at increased risk of homelessness, according to other social service data systems. According to the *Homelessness in Washington* report⁵, produced by the Department of Commerce, youth who have not

https://app.leg.wa.gov/ReportsToTheLegislature/Home/GetPDF?fileName=CommerceReports 2023 HD Homeless ness in Washington 24def55e-7087-43fc-ad0c-7894a56106ab.pdf



¹ https://www.huduser.gov/portal/pdredge/pdr-edge-inpractice-041922.html

² https://www.hud.gov/section184

³ https://cwoutcomes.acf.hhs.gov/cwodatasite/pdf/washington.html#footnote5

⁴ https://www.dshs.wa.gov/sites/default/files/rda/reports/research-11-254.pdf

earned a high school diploma or passed their General Educational Development (GED) face a 346% higher risk of homelessness than those who have, highlighting the complex interplay between educational attainment, economic growth and opportunity, and homelessness.

There are many statewide advocacy groups focused on centering and elevating youth who have experienced homelessness and/or housing insecurity, including <u>Building Changes</u>, the <u>Mockingbird Society</u>, and <u>A Way Home Washington</u>.

Building Changes is a statewide organization focused on providing equitable responses to end homelessness in Washington, focusing on youth. They lead advocacy efforts, provide grant funding, and administer the Washington Youth and Families Fund to work in partnership with providers and communities, collect data on models and programs, advance strategies informed by this research, and support housing and service providers through peer learning, training, and capacity building.

Mockingbird Society is a statewide advocacy organization founded in 2000 to provide opportunities for youth and those with lived experience to "participate in the social just effort to improve the foster care system" and, more generally, to advocate for solutions to the youth homelessness crisis, starting in 2013. The Mockingbird Society hosts youth programs for leadership development and self-advocacy skills development and partners with young people and their families to advocate for foster care and homelessness reform on the federal, state, and local level. Through this work, the Mockingbird Society "convenes and chairs the Washington Coalition for Homeless Youth Advocacy...that unites advocates, providers, and funders in Washington state to advocate for, create, and implement effective policies to support homeless and at-risk youth in achieving safety and stability."

Finally, A Way Home Washington works to prevent and end youth and young adult homelessness in Washington, with a focus on prioritizing BIPOC youth and LGBTQ+ young people, who experience higher rates of homelessness than their white, straight, cisgender peers. A Way Home Washington provides "strategic statewide support and intensive support in communities participating in our flagship program, the Anchor Communities Initiative, to inform, grow, and sustain change efforts." They work with the Office of Homeless Youth to build a data-informed, performance-based, and equity-driven system to reform and respond to youth homelessness.

The Office of Homeless Youth Prevention and Protection Programs was created in 2015 in the Department of Commerce and "leads statewide efforts to reduce and prevent homelessness for youth and young adults". They have five priority service areas – stable housing, family reconciliation, permanent connections, education and employment, and social and emotional well-being. This work is led by and for youth and happens through the department, with funding going to partners across the state.

The McKinney-Vento Homeless Assistance Act of 1987 is a federal law that provides funding for homeless shelter programs and was the first significant legislative response to homelessness. The act was further amended to aid homeless children and youth, particularly in public education, by using an Illinois statute as a model. The amended version of the law defines "homeless children" and ensures that they have free transportation to and from school. McKinney-Vento allows children to continue attending their school of origin or the school they previously attended before becoming homeless, regardless of the district in which the family resides. Schools must register homeless children, even if they lack

normally required documents, such as immunization records or proof of residence and states must designate a statewide homeless coordinate to review policies and procedures to ensure homeless youth are able to attend schools. The Office of the Superintendent of Public Instruction has more information on the program here, including program directors and contacts and additional information.

Individuals with Behavioral Health Conditions

There are often intersections and overlaps between people experiencing homelessness and those with behavioral health needs. Many housing and homelessness services providers are seeing more and more clients with behavioral health needs but face a lack of qualified providers who can offer adequate behavioral health care. One way to help address this need at the local level is through the authority to propose to voters a behavioral health levy in accordance with current statutory authority.

One example in King County is the voter-approved <u>Crisis Care Centers initiative</u> from 2023, a nine-year levy that will implement, starting in 2024, a countywide, geographically diverse network of five crisis care centers with one designed specifically to serve youth and young adult patients. The initiative aims to develop these centers to serve people experiencing an urgent behavioral health need by:

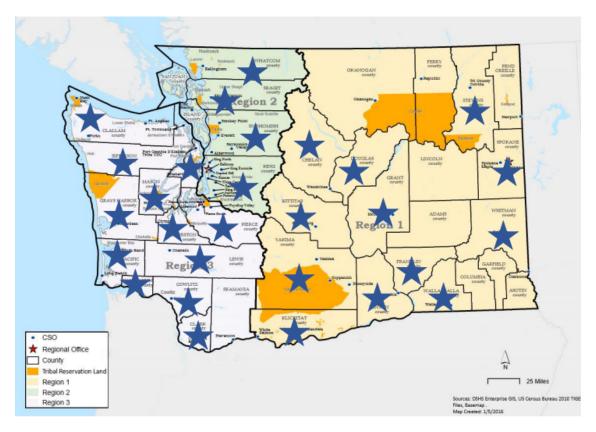
- Providing immediate, walk-in behavioral health services, with the option for short-term stays to help people stabilize.
- Preserving and expanding mental health residential treatment services by preventing the loss of mental health treatment options and increasing the availability of psychiatric residential treatment beds for longer-term stays with support.
- Investing in the behavioral health workforce by creating career pathways through apprenticeship programs and access to higher education, credentialing, training, and wraparound supports and investing in equitable wages for the workforce.

The Crisis Care Centers initiative links the 988-crisis response system, mobile crisis teams, and other behavioral health resources and services to support people's recovery. King County is currently in the planning phase, determining sites, and evaluating potential behavioral health agencies or other health care providers to serve as operators for the clinics.

In recognition of the interconnectedness between behavioral health and homelessness, Washington has funded integrated supportive housing programs, wherein individuals are provided safe and secure housing, in addition to behavioral health services and counseling, in their place of residence. Without stable housing, individuals with co-occurring health conditions and homelessness frequently cycle in and out of emergency or inpatient hospital departments, psychiatric centers, detoxification and withdrawal programs, and carceral settings. While a chronically homeless person can cost an average of \$35,578 per year, those costs are reduced by 49.5% when that individual is placed in supportive housing⁶.

The <u>Governor's Opportunity for Supportive Housing (GOSH)</u> is in every county *except* Adams, Asotin, Columbia, Ferry, Garfield, Lincoln, Okanogan, Pend Oreille, and Skamania.

⁶ https://www.kitsap.gov/hs/Documents/Homelessness%20and%20Behavioral%20Health%20Fact%20Sheet.pdf



The program is designed to respond to client needs and connect that individual with supportive housing services. After a referral for GOSH services, a supportive housing team is formed to begin working with the client and conduct housing searches; once housing is secured (with the housing provider conducting necessary rental subsidy paperwork and lease reviews), the provider team works to discuss transition and may request Aging and Long-Term Support Administration (ALTSA) funds to assist the transition. The provider is responsible for ensuring the housing unit is move-in ready and continues to work with the client to maintain GOSH housing as long as the client is eligible and requests services.

Foundational Community Supports (FCS) is another statewide program with supportive housing units and services in <u>local communities</u> across the state. FCS includes two benefits – supportive housing and supported employment – that form the cornerstones of support for individuals with specific needs and conditions. The supportive housing program is designed for people who are chronically homeless or have frequent and/or lengthy stays in institutions or adult residential care. Supportive housing is an ongoing service to help people find and maintain stable, independent housing by conducting housing assessments, identifying housing resources, developing independent living skills, supporting lease agreements, and managing crises. FCS is a part of Washington's Medicaid Transformation Project (MTP), which allows Medicaid funds to be used for innovative projects, including housing services. Additional housing services have been approved for Washington State and there will be more information to come from the Health Care Authority as they work towards implementation.

There are also acute mental health care facilities, such as community hospitals and certified evaluation and treatment facilities in Benton, Clark, Cowlitz, King, Kitsap, Lewis, Pierce, Skagit, Snohomish, Spokane, Stevens, Thurston-Mason, Whatcom, and Yakima counties. The most up-to-date information is available here.

Individuals with Intellectual and Developmental Disabilities

The Department of Social and Health Services report⁷, *Housing Needs for Individuals with Intellectual and Developmental Disabilities in Washington State*, estimates that, in 2021, there were over 117,000 children and over 48,000 adults living with intellectual and developmental disabilities (I/DD) in Washington, as well as nearly 5,000 individuals living in congregate settings or institutions.

There are two longer-term trends that disproportionately impact housing stability and accessibility for the I/DD population – the cohort of aging families and parental caregivers who may not have adequate resources to find stable housing for their family members with I/DD and the rising cost of housing generally across Washington State. Some individuals with I/DD may wish to live alone but are unable to find affordable housing options in their community; others may require additional rental assistance and wraparound supports and services – a lack of affordable housing means these individuals may be forced to turn to less-than-optimal settings, options more expensive than what they can afford, or homelessness.

As of 2022, more than 37,000 adults with I/DD in Washington are facing housing insecurity. While more than 36,000 Developmental Disabilities Administration-enrolled clients receive state or federally-funded services, very few of these individuals live in affordable housing. Further exacerbating the issue, the DSHS report found that "housing unit production specifically for adults with I/DD declined during the 2010s to levels well below those of the 1990s and 2000s" — while there was an annual average of 57 and 54 units constructed in the 1990s and 2000s, respectively, only 28 units were developed per year in the 2010s.

Rural Communities

Advocates for rural housing access face a challenge in balancing promoting the availability of housing units in rural communities and preventing urban sprawl and rapid population growth in those communities that would be unsustainable for current infrastructure. While much of the housing conversation and visible homelessness occurs in and around urban areas, rural populations are acutely impacted from the lack of affordable and available housing and the struggle of keeping their community members housed. In the 2024 legislative session, there were two bills, one that aimed to promote the development and availability of detached ADUs and the other that would allow for lot subdivision to create more "eligible" land for homes, though neither bill passed the legislature to become law. 8

While youth and young adults experience homelessness at roughly the same rates across Washington, including between urban and rural regions, according to the Department of Commerce's 2023 *Homelessness in Washington* report, services are not equitably available or accessible, meaning that populations experiencing homelessness in rural areas are at a disadvantage in accessing care, supports, or other services necessary to find and access emergency, temporary or short-term, transitional, or long-term affordable housing. According to the Department of Commerce's 2023 point-in-time snapshot census of homelessness across the state, Washington saw a 21% increase in unsheltered homelessness

https://www.dshs.wa.gov/sites/default/files/DDA/dda/documents/Housing%20Needs%20for%20Individuals%20with%20Intellectual%20and%20Developmental%20Disabilities%20in%20Washington%20State.pdf

⁷

(excluding King County) from 2022 to 2023. Further information and statistics, including county-by-county data, can be found in the legislative tracking and additional resources policy paper.

Aging and Elderly Individuals

Homelessness among the aging and elderly is on the rise; seniors are making up a growing portion of the population across Washington State, and many are or will be economically vulnerable, especially elderly people living on a fixed income and unable to afford safe housing in their community. This population is expected to continue to rise as the "baby boomer" population ages. While the maximum federal Supplemental Security Income payment, calculated based on income and other factors, is \$942 a month for a single person or \$1,415 for a couple, the median cost of a one-bedroom apartment in Seattle is \$1,505 a month⁹.

Seniors experiencing homelessness also frequently have comorbid conditions, such as chronic health issues, poor mobility, and cognitive and memory challenges. Homeless shelters are often not equipped to provide adequate, age-appropriate care to seniors experiencing homelessness.

The response to increased levels of veterans experiencing homelessness, both on a state and federal level, is a promising model for the services and investments necessary to address the crisis of elderly homelessness. Housing vouchers, wraparound medical care, and better access to substance use and mental health treatment have led to a 55% decline in veterans experiencing homelessness in the United States and a 37% decline in King County.¹⁰

Conclusion:

In order to address disparities in access to housing and supportive services, we must highlight specific populations that have been most impacted and their unique needs and interventions. It is also critical to include community members with lived experience from these unique demographics in any policy initiatives aimed at providing support. As we share additional briefs detailing specific housing policy initiatives, please keep in mind the information shared in this section, the unique impacts housing policy has on these populations, and ways to advance local initiatives that promote access to those with the most need.

¹⁰ https://www.seattletimes.com/seattle-news/homeless/veterans-program-shows-way-to-reducing-all-homelessness/



 $^{^{9}\,\}underline{\text{https://www.seattletimes.com/seattle-news/homeless/homeless-people-are-getting-older-but-age-appropriate-help-is-limited/}$